

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

26154

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1. PLACE OF DEATH

County St. Louis
Township LaSalle
City St. Louis (No. Hammer Rd.)

Registration District No. 963
Primary Registration District No. 1

File No. 2
Registered No. 40
St. St. Louis Ward 1

2. FULL NAME

(a) Residence, No. Peter Martin St. St. Louis Ward 1
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theresa Kuellemey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10-1858
7. AGE YEARS 80 MONTHS 10 DAYS 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Peter Martin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Johanna Jungewald

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Alfred Martin (ADDRESS) St. Louis

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peter's DATE July 30, 1934

19. UNDERTAKER H. D. Caldwell (ADDRESS) 100 N. 2nd St.

20. FILED 8/2 1934 W. D. Caldwell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1934 to July 26, 1934
I last saw him alive on July 26, 1934. Death is said to have occurred on the date stated above, at 12.25 P. M.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Chronic nephritis
Date of onset July 25

Other contributory causes of importance: 131

Name of operation Physician Date of July 25

What test confirmed diagnosis Physician Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None

(Signed) Blount Gossow M. D.

(Address) 200 Clayton St. St. Louis

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